

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

(D) 566872
APPLICANT(S)

FILING DATE

2/2/06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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9						
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11						
12						
13						
14						
15						
16	1					
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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57	1					
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96						
97						
98						
99						
100						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	94	←		←		←
TOTAL CLAIMS	97	[REDACTED]		[REDACTED]		[REDACTED]